STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH MONTH 7b HOUR 1 DECEASED NAME (TYPE OR PRINT) February 16, 1987 Marie Bratcher Annie A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS. MONTH YEAR 1889 Black June Female BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [Maryland Queen Anne ID CITY OF TOWN OF DEATH I.I. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) At Home Of her Daughter Housewife Chestertown MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13a STATE R.F.D.#1 Pondtown 21620 Chestertown NO H Kent. Maryland IS MOTHER'S MAIDEN NAME EATHER'S NAME FIRST MIDDLE UNK Julia Brooks James 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) Mrs. Anna Hemsley Chestertown. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: Arterioschrötz IMMEDIATE CAUSE (o) DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 DIVISION OF VITAL RECORDS, NO 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 20s AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CERTIFYING CAUSES OF DEATH? NOR 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF OFATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE Jan 220 | certify that (1) (this haspital) attended the deceased from sow the deceased plive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22L DATE/SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 724 PHYSICIAN'S NAME (TYPE OF PRINT) d b Chestertown, Maryland 21620 Gottfried C. Baumann M.D. 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 236 DATE R.F.D.Millington, Q. A.Md Mt. Pleasant Buria 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 FEB20 Chestertown, Mdy (VRA 15, 4)

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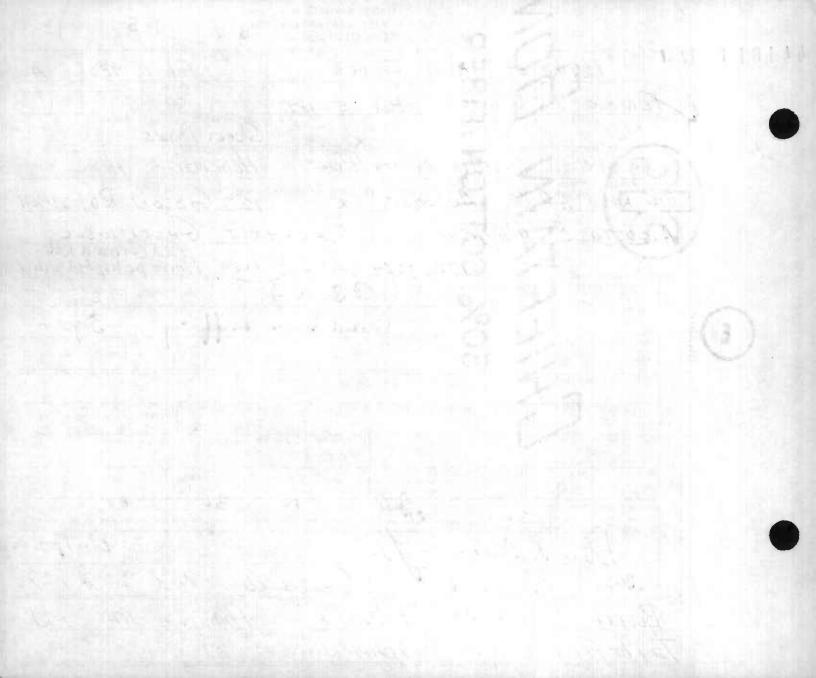
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE, CERTIFICATE OF DEATH

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REGISTRAR REG. NO 20 DATE OF DEATH MONTH OFCEASED NAME YEAR 2h HOUR E OR PRINTS Margaret tones 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAYL IF UNDER 24 HR X7 YRS BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? ALSTATE OF FOREIGN MARRIED NEVER MARRIED SA veen Innes WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR downer for most of working life) to me 13d INSIDE CITY LIMITS? 13e STREET, ADDRESS / ZIP CODE GIBSON 165 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse at, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK NO [YES T 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from sow the deceased alive an and that in (my) (que) apinian death occurred on the date and have and from the causes stated above, (h (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
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DHMH - 16 60M 7/B4 (VRA 15, 4)



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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE T STATE CERTIFICATE OF DEATH U REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME YEAR 2b. HOUR 927 (TYPE OR PRINT) 7-14-87 oge Louisa Van Houten A Marie 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX YEAR DAYS HOURS March 10. 1911 White Female TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Queen Anne's County Washington D.C U.S.A. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Housewife Kitty's Nursing Home Sudlersville PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13e STREET ADDRESS 134 INSIDE CITY LIMITS? 21679 Wye Mills Box 40 Rt. Maryland Q.A. IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST MIDDLE LAST Anna Anderson Hans Peter Nielsen ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 7-20-2891 same as above Linda J. Travers No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), one PART I. DEATH WAS CAUSED BY Herean IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 **IFICATION** 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T CERTI 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 MEDICA 211 LOCATION 21d INJURY OCCURRED 21s. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK AT WORK NOU. 22a.1 certify that (1) (this hospital) attended the deceased from 10 sow the deceased alive on tel and that in (my) (507) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did pat) view, the body ofter death DEGREE 22b. SIGNATURE 22c. DAVE SIGN ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN AN'S NAME LIYPE OR PRINT 22e ADDRESS 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Cremation 02-15-87 Security Process Inc. Catonsville 24 FUNERAL DIRECTOR 25g, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4))

Chester. MD 21619

Tom Helfenbein Funeral Homes.

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	1	WEGISIWAN C. O. Y.	MIDDLE MIDDLE	CERTIFICATE OF DEATH).
		CEASED NAME FIRST		20. DATE KNOWN XOF ESTI-	
E 55 55 55 55 55 55 55 55 55 55 55 55 55		ALBERT		HORNE DEATH MATED L	Z I 17 07 M
25 2 E E	3. SE	Mala MONTH DAY	YEAR LAST BIRTHDAY) MON'	NDER 1 YR. IF UNDER 24 HRS. 2c DATE	MONTH DAY YEAR 24 HOUR 10P
S S S S S S S S S S S S S S S S S S S	1	Back Dec. 2,		DEAD	2 1 198/ M
A SERVER /	7 a B	RTHPLACE (STATEOR Th CITIZEN OF WILLIAM COUNTRY). ISSISSIPPI U.S.A.	HAT COUNTRY?	RIED NEVER MARRIED 9. BALTIMORE CITY O	R COUNTY OF DEATH
AND THE PERSON LAND				wed 🗆 divorced 🗆 Queen Anne	
2. 并是 3.	10 0		SPITAL, NURSING HOME, OR OT	FOR MOST OF WORKING LIFE)	OF WORK 17b. KIND OF BUSINESS OR INDUSTRY
10 303 46			near Delfox Rd.	U.S. Air Fore	ce
Charles in	USU 13g -	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GI TATE TO I NO COUNTY	VE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? 13e STREET ADDRESS	60000
# 44#4#\C	IN	. Carolina	Goldsboro	YES NO 0 400 D Denton	St. 7717
// F2537/	14, F	ATHER'S NAME FIRST MIDDLE	LAST	15 MOTHER'S MAIDEN NAME	LAST
A SEASON	1	Henry Thorne		Verine Quinn	
PAG PAG	160	VAS DECEASED EVER IN U.S. ARMED FORCES? ES, NO, OR UNKNOWN) [IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
A ANTENNA	1	Yes	425-19-0088	Personal Records	
E. C. WIT P. DIV.		18. CAUSE OF DEATH (Enter only one cause per line	far (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N S H S H S H S H S H S H S H S H S H S	10	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) M	ultiple injurie	S	
STAN STAN STAN STAN STAN STAN STAN STAN	1	DUE TO, OR	AS A CONSEQUENCE OF		
REPRESENT N		Conditions, if any, which gave rise to immediate (b)			
3 3 3 5 5 5 5		couse (a) stating the <u>under-</u> lying couse last.	AS A CONSEQUENCE OF		
a Para	100	(c)			
S STATE	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1 (a)	
A A A A A A A A A A A A A A A A A A A	9				
TAL REPORTED	7 3	19a DATE OF OPERATION 19b. CONDI	TION FOR WHICH OPERATION V	VAS PERFORMED?	20 AUTOPSY?
N S S S S S S S S S S S S S S S S S S S	CERTIFICATION				YES NO
SAN THE SAN OF THE SAN		216 EXTERNAL CAUSE WAS 216. TIME OF	FINJURY 21¢ H	IOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)
ARTICLE SON	1 3	CONTRIBUTING CAUSE OF DEATH 9:50 M		iver of auto/tractor-trail	ler collision.
DIVISIO DIVISIO RIS CERTIF VRITING VRED TO CGE 3 SHC CGE 3 SHC 201 PRIO	MEDICAL		TORY, FARM, ETC)	OCATION STREET CITY OR TOWN	COUNTY STATE
DIN THIS C WRIT WARD WARD PAGE 21201	7	AT WORK AT WORK X STREET, FAC	oad Rt.	300 near Delfox Rd., Sudle	
ORV.	1	The I comily that I to a proper at the remains des	scribed above, held an Autor	osy , Inspection , Inquiry , and	Queen Anne's
MEMBER /	1	death resulted troop Natural Burry 1	According X, Suicide	, Homicide Undetermined manner .	
MARY WITH WAR		11/1/1/4	8 MA	TITLE (SPECIFY)	
本書点を発売っ		ACTUAL SIGNATURE	No.	A.D. Assistant MEDICAL EXAMINER	DATE SIGNED 2-2-87
NOS WEEK	4	EXAMINER'S NAME Charlos D	Volence M D	111 Dans Ct Dalta	MD 01001
A CAR A CAR		(TYPE OR PRINT) CHALLES P.		ADDRESS 111 Penn St., Balto	., MD 21201
Chartes	23a.I	URIAL, CREMATION, REMOVAL 23b. DATE	23c. NAME OF CEMETERY	CITY OR TOWN	COUNTY STATE
(1919 BP 77	24.4	Burial Feb. 7,1	987 Sharon Hil	1s Mem. Park Dover, Ken 1 250 Date REC'D. BY REGISTRAR [25b. REGIST	
DHMH - 17	24	NAME OF A OPRESS	11 /200	the Batto man 11.	F
(VR A15 ME (5))		Williamster Jent 1	Jenes Pecusa	114/1 ED 1 1 198/1 from	Varidson-Adaptates

	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF E	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		7 () 6
J + b J Z J MAR		PRINTS BERTHA		CADY		URIE	Pebruary 28		YEAR 2b.	7 P
ped moy	3 SE	Female	4 RACE White		July	22, DAY 1918 YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDI		UNDER 74 HRS OURS MIN.
nerol dire		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE		MD.
by the full lifed with		arclay		CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOSTON NUTSE (R.N.		KIND OF BUDUSTRY	USINESS OR
AND 212	lar Yar	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP yland Queen	VŢY	136 CITY OR JOW Barclay	'N	13d INSIDE CITY LIMITS? YES MO [13e STREET ADDRESS / Rte # 31	ZIP CODE 21	1607	
MARYL, and and 2 sh	14. FA	THER'S NAME FIRS Herbert B	. Cady	LAST		IS MOTHER'S MAIDENNA FIRM Alice	Spaulding		LAST	
MORE, Poster I		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV NO	MED FORCES?	043 24 9		17 INFORMANT Jeffrey Steven		Slony Roa a, Md. 21		
that the teath certificate be seen and within 24 hours that the teath certificate be seen completely filled in by the contract of the seen completely filled in by the contract of the seen contract o	PART Condition gove recouse underly		D BY TE CAUSE (o) DUE TO, C (b) DUE TO, C	DR AS A CONSEQUI	ENCE OF	cinoma of the			APPROXIMAT BETWEEN ONS	ET AND DEATH
AL RECORDS. The law requirement of a permit The same print to be considered to be considere	CERTIFICATION	190 DATE OF OPERATION			115	N WAS PERFORMED	200 AUTOPSY? YES NO X	206. IF YES, WER IN CERTIFYING YES	E FINDINGS CAUSES OF	
DIVISION OF VITAL RECORDS, 20 of PHYSICIAN. The low requirement of the state of the	MEDICAL 21	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINET 21d. IN JURY OCCURRED NOT WHILE AT WORK AL WORK	ATH HOUR A P 21e PLACE	OF INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE, F	19	211 LOCATION SIREET	C11Y OR 10\	wn co	R PART 2)	STATE
the houghtst or Difference And Difference And Difference And Household for him or to Dept of Household for him of		22a.1 certify that (1) (this hospi saw the deceased alive on above, (1) (we) (did) (did no 22b SIGNATURE	2-2	8 19	87	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 5	medical STAF	te and hour and t	that the cause 2c. DATE SIG 3/1/87	SNED
TO HOSPIT PESITED by TO FUNES With the Stu	22- 1	Robert W. Fari	r	122	NAME OF	Chestertown	n, Md. 216			
BP		BURIAL, CREMATION, REMOVAL	3/4/19	987 W	esley	Chapel Cemete	г коск нат		land	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24	JNIRAL DIRECTOR (1)00(J. W: Ches	illis tertov	Wells Vn, Md. MA	R 0 5 4987	256 REGISTRAR'S	SIGNATURE	idaes

